Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

N.B.

Cour	Calvet 696	CERTIFICATE OF DEATH
Coun	11/200,-00	Registration Dist. No
Villag	2 FULL NAME anelia Bar	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Server Colored Single, Marrieo, Willowed Or Olvorced (Write the word)	16 OATE OF DEATH Sept, (Month) (Day) (Year)
6 DA	TE OF BIRTH Muknown , 1852 (Month) (Day) (Year)	that I last saw h W alive on aug. 27, 1915,
7 AG	if LESS than 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
pai (b	CCUPATION) Trade, profession, or Housewift ritcular kind of work) General nature of lodustry siness, or establishment in ich employed (or employer)	(Buration) yrs. 3 mos. ds.
-	RTHPLACE (State or enuntry) Maryland	Secondary (Burailpe) yrs. mos. ds.
Ø	10 NAME OF Savid Jackson 11 BIRTHPLACE 44	(Signed) Granges Elevery, M. O. M. O. (Address) Mallville md,
PARENT	OF FATHER (State or country) Manylaved 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE At placa In the ef death
14 T	(Informant) Alexander Bannister	If not at place of deeth? Former or usual residence
15	(Address) Wallville, "und!	Brooks Chapel Sep. 9. 1915
	ed the 8, 1915 George Elemon Local REGISTRAR	Brooks Brown Mutual, Mel.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may forin part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and eonsequences (e. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull, railway train-accident; Revolver The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," mound



RECORD

PERMANENT EXACTLY THIS properly INK UNFADING 80 plai 5 DEATH of item PO Ш Every

STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH should is Registration Dist. No. 5 OCCUPATIO lif death occurred in HYSICIANSWard) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) (Day ORGIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? CCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ... certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 0 ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. lons OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Instruct 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs. Where was disease contracted. If not at place of death? Former or usual residence mportant. DATE OF BURIAL 15 20 UNDERTAKER Filed. REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," who have no occupation whatever, write Nonc. eated thus: uess. If retired from business, that fact may be iudi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the Statement of occupation-Preeise statement of occupa-Spinner, Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Готешан," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerrenal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," ample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. eause. Always qualify all diseases resulting from geuital," "Seuile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Calvert	CERTIFICATE OF DEATH
Village or City Lusly (No	Registration Dist. No. 30 St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	(Month) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Month 22 19/4 (Month) (Day) (Year)	that I last saw h Malive on 191 ,
7 AGE 7 AGE 1 LESS than 1 day, hrs. or min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at / 4,m. The CAUSE OF DEATH * was as follows: Broncho- (
(b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF SHOMAS Edward Buck 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER STATE Showson	(Signed)
OF MOTHER Status Solution 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the effect of the state of
(Interment) Thomas Edward Perior (Address) Lushy, Mil,	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 20 UNDERTAKEN ADDRESS
Filed LIV. J., 1915 J. CAREGISTRAR If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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For outhour alion one Wanges. O eters

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health . Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Serrant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. For many occupations a single word or term on the -Cool minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, If the occupation has been changed Locomolive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urannia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvulor heort disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or misearriage as "Puerperal seplichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. "Tumor" for malignant neoplasms); Meosles; Whooping by railway The contributory (secondary or intercurtroin-accident; Revolver State cause for which Never report mere wound



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V. S. No. 1.

County Culcut 15374	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City (No	Registration Dist. No. St.; Ward) St.; Ward) Luce Registration Dist. No. [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Black (Write the word) Barry Known 13 1914	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to 2 13, 1915
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Arton a School Secondary
OF TATHER STATE Character	(Signed) (Ooralion) yrs mos disconnection (Signed) (Signed) (Address) (Signed) (No. 1) (Address) (Signed) (Sign
of MOTHER Jucy Chare 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?
(Informant) Clearles Reach (Address) 15 FHed 19t REGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL April 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: causing neath, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia;); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. genital," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Puerperal septichae-



PERMANENT stated EXACTLY. classified. properly WRITE PLAINLY of information s
DEATH in plain
See Instructions

CAUSE OF I

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PHYSICIANS should state of OCCUPATION IS very

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

V	illage or City Mound Nammy (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 55	uale Negro Single, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH Lefet 25, 1915 (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
6 D	Month) (Day) (Year)	that I last saw h ce allve on left 23 1915
7 AC	If LESS than 1 day,hrs. 3 ds. ORmin. ?	and that death occurred on the date stated above, at 10 P, m. The CAUSE OF DEATH* was as follows: Correlate and the control of the control
(a) par (b) bus whi	Trade, profession, or Haoners General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) MUA	Probaby Dome Lenes (Buration) yrs. mos ds. Contributory Gastro Eulerici (Secondary)
PARENTS	10 NAME OF FATHER Charles Coalis 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MIND ATTOUR 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	(Signed)

..... yrs. mos. ds. State yrs, mos. Where was disease contracted.

If not at place of death? Former or

usuai residence

DATE OF BURIAL ADDRESS

Mores Hope

W. N Nulclevies

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative Realthfulmine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomencla mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purrereal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Weasles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



MARGIN RESERVED FOR BINDING

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City	15376 (No	STATE OF MARY CERTIFICATE OF Registration Dist, St.;—Ward)	DEATH
²FULL NAME		" General	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF I	DEATH
Male While	MARRIED, WIDOWED, ORDIVORCED (Write the word)	JOATE OF BEATH	(Day (Year)
6 DATE OF BIRTH	36 5 , 184/ (Day (Year)	that I last ssw h Mailve on	191.5
OCCUPATION (a) Trade, protession, or	mos ds lf LESS than t day, hrs.	The CAUSE OF DEATHA was as follows:	ove, at 6 7 m,
(b) General nature of Industry, business, or establishment in which employed (or employer)		(Ouration)	yrs. mos 2 2 ds.
9 BIRTHPLACE (State or country)	ryland	Secondary (Ourstion)	yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Kuron	*State the DISEASE CAUSING DEATH, or, in	deaths from Violent
	Known	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN: OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE B	KILD ZOW EST OF MY KNOWLEDGE /-	At place In the ot death yrs. mos. ds. State	yrs, mos, ds
(Informant)	Muloy	Former or usual residence	
16 Filed 746, 1935	127 Hans	Tamelys buridges	ODRESS ODRESS
If more brank	s are needed, address State Regis	strar, E. Franklin St., Balto., Requesting V. S. No.	ofi.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) The contributory Mcastes (disease causing death), 29 ds.; (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

RECORD

PERMANENT

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

1 PLACE OF DEATH

Calvery

15377

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

St.; .Ward)

[If death occurred in a hospital or institution give Its NAME Instead of street and number.]

FULL NAME HENGE	potpuisson.	Elliott.
0	11	

PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male West	RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	4. 16 DATE OF DEATH DEPTEMBLEV - 5Th , 191.5 (Month) (Day (Year)
7 AGE	onth) (Bay (Year	2 may 10 1915, to Deprember 6, 1915, that I last saw him allve on august 28, 1915
12	If LESS th 1 day,h ORh	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.	Corputer.	arrioscleroxis
(b) General nature of Industry, business, or establishment in which employed (or employer)		(Ouration) 5 yrsmosds.
9 BIRTHPLACE (State or country)	wyland.	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER	J. Elliott.	(Signed) & S. Correr , M. O.
OF FATHER (State or country)	nongland.	*State the DISBASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE	con Fusty,	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE	BEST OF MY KNOWLEDGE	ot deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place ot death? Former or
(Address) Dolom	sho. Md + E.C.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flight Sept. 5 1915	est Chauf	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks ard needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia desis of lungs, moninges, peritonaeum, etc., Carcinlesses of lungs, moninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. oma, Sarcoma, ctc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Coutheula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; For vio-



PERMANENT UNFADING

plai = DEATH OF Every It PLACE OF DEATH

Registration Dist. No. Ward) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) Mouth) that I last saw h.....slive on (Mont (Day TAGE it LESS than 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer), Contributory Secondary 9 BIRTHPLACE (State or country) (Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ot death _____ yrs. ____ mos. ____ ds. Where was disease contracted. It not at piace of death?-Former or usual residence. Important. 19 PLACE OF BURIAL 15 20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Ilt death occurred in a hospital or institution.

give its NAME instead ot street and number.]

MEDICAL CERTIFICATE OF DEATH (Day (Year) CERTIFY, That I attended deceased from and that desth occurred on the date stated above, st...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

State yrs. ____ mos.

DATE OF BURIAL

ADDRÉSS

2...... 191...

If more blanks are needed, address State Registrer, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engincer, The (6)

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theuia," "Anaemia" (merely symptomatic), "Atropby," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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state PHYSICIANS should of OCCUPATION is RECORD PERMANENT ciassified. 4 INK-THIS properly supplied. pe UNFADING may certificate. 80 0 WITH back terms, should LO plain instructions Information 드 PL DEATH jo Item OF Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... fit death occurred inWard) a hospital or Institution. give its NAME Instead ut street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVDRCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? SOCCUPATION (a) Trade, prufession, or particular kind ut wurk. (b) General nature ut industry, business, ur establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. ison OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ut death _____ yrs. ___ mos. ___ State _____ yrs, ___ Where was disease contracted 14 THE ABOVE IS TRUE TO THE it nut at place of death?-Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 20 UNDERTAKER AQDRESS Q REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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cause. Always qualify all diseases resulting from mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated uulcss important. "Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (Recommendations on statement of (secondary or intercurrent)



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ANS nt of	PLACE OF DEATH 15380	STATE OF MARYLAND CERTIFICATE OF DEATH
SICIA	County	Registration Dist. No. 52
EXACTLY. PHYSICIAN sified. Exact statement	Village or Bity Willens (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
Fied	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated E	3 SEX 4 COLDR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCED	16 DATE OF DEATH (North) (Day) (Year)
be sta perly cate.	Fleural (Write the word) 6 DATE OF BIRTH	17 I HEREBY CERTIPY, That I attended deceased from
should be st t be properly f certificate	(Month) (Day) (Year)	that I last saw h alive on, 191,
O Y C	7 AGE If LESS than t day, hrs.	and that death occurred on the date stated above, atm.
A + B	yrs. mes. ds. OR min.?	The CAUSE OF DEATH * was as follows:
so that	(a) Trade, profession, or Provide Profession, or Pr	
2	(b) General nature of industry business, or establishment in	(Audia)
n terms, instructi	which employed (or employer)	(Durallon) yrs. mos. ds.
se carefully s plain terms See instruct	9 BIRTHPLACE (State or country)	Secondary (Busetten) was man de
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ATH rtan	11 BIRTHPLACE OF FATHER (State or country) Manufacture 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
ation s OF DE	C 12 MAIDEN NAME OF MOTHER Solvesn	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
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E &	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
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Every item of should state COCCUPATION	(Address) Mullern Mid	19 PLACE OF BURIAL OR REMOVAND DATE OF BURIAL Stelle Self 3, 191 5
B.—E.	Filed If 3, 1915 25 If falfing	20 UNDERTAKER ADDRESS. Liche A Brown Williamsky
ż	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons employed, as At school or At home. Care should be mill; (a) Salesman, (b) Grocery; (a) Foremon, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age: ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked in may form part Women at home, who are engaged in (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-occident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerpenal septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Annemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinonia, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-State cause for which Never report mere



1 PLACE OF DEATH state Very PHYSICIANS should of OCCUPATION IS RECORD statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. MARRIED, Marrie 5 SINGLE, ORDIVORCED (Write the word) Exact stated classified. be (Month) (Day (Year) S TAGE If LESS than should 1 day,....hrs UNFADING INK-THIS properly AGE OCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. may be (b) General nature of industry, business, or establishment in which employed (or employer) of certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER 9 WRITE PLAINLY, WITH be DEATH in plain terms, See instructions on back PARENTS 11 BIRTHPLACE should OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER of information 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE CAUSE OF Important. (Address) 15 Fited. m REGISTRAR ż If more blanks are needed, address State Reg

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 5/

.Ward)

Ilt death occurred in a hospital or institution, give its NAME instead ot street and nomber.]

	AL CERTIFICAT			
16 DATE OF DEATH	Sept	,	3	. 19
######################################	(Month)	************	(Day	(Yea
17 I HERE	BY CERTIFY, T	hat I a	ttended	deceased t
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that I last saw h	alive on A	f.A.	3	191
and that death occurre	d on the date s	tated a	boye, at.	81
The CAUSE OF DEATH				
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the prisease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (mcrcly symptomatie), "Atrophy," ample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomenela "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaccte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of State cause for



PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is RECORD A PERMANENT should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. of information should be CAUSE OF

See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	S	t.		V	٧	a	ГС	1)	
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[If death occurred to a hespital or institution,

	FULL NAME	deland give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 s	ale Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH SEAT 9, 1915		
	ATE OF BIRTH SEA (Month) (Day (Year)	that I last saw h slive of hill , 191.		
(a pa	Trade, profession, or ritcular kind of work. GE It LESS than 3 day. 2 hrs. OR min.?	and that death occurred on the date stated above, at 0 m, The GAUSE OF DEATH* was as follows: Saud to dirid in conventors in Which organ 2 days before death		
bus	iness, or establishment in ich employed (or employer) RTHPLACE (State or country)	Contributory Exhaustion yrs mos 2 ds. (Signed) Conflor Wilson W. D.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		(Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
		15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, It not at place of death? former or		
15 Fil	(Address) Davis Po Calvert Co	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERPAKER ADDRESS ADDRESS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spiuner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scotichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclaschsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Brouchopneumonia (seeondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf deeth occurred in -Ward) a hespital er lostitutioe. give its NAME Instead of street and nember.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. MARRIED WIDOWED. (Month) (Year) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above 1 deyhrs. The CAUSE OF DEATH* was as follows: OR mln. ? 8 OCCUPATION (e) Trade, profession, er particular kind of week. (b) General neture of Industry. business, or establishment in which empleyed (er empleyer) -----9 B!RTHPLACE (State or country) Contributory. 10 NAME OF (Signed) S 11 BIRTHPLACE ARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death State _____ yrs. ___ Where was disease centracted. 14 THE ABOVEAS If net at place of death? Fermer or usual residence (Address) 15 20 U REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of..... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite discase can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Mcasles (disease causing dcath), 29 ds.; "Senilc," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For vio-



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S DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

14 THE ABOVE IS

(informant) ...

(Address)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE.

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(Day)

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4 COLOR OR RACE

which employed (or employer)



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:Ward)

[It death occurred in e hospital or institution, give its NAME Instead ot street and number.]

2FULL NAME.....

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(Signed)			0		, M. B.
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OR RECENT RESID	ENTS)				THANGIENIS,
of death yrs.	mos	ds.	In the State	yrs.	nos de
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If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 0

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such, if impossible to determine definitely. childbirth or miscarriage. as "Purrpheal septichae. scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned mia," "Tuerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." 'Uraemia," "Weakness," Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1. z B

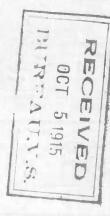
Village or City Barelow (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Whate of Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 O I HEREBY CERTIFY, That attended deceased from
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (If LESS than 1 day, hrs. or particular kind of work (b) General nature of indostry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAM'E OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MAIDEN NAME OF MOTHER (State or country)	that I last saw harmalive on 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and that death occurred on the date stated above, at 1910, and 1910
13 BIRTHPLACE OF MOTHER (State or country): 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) Address 15 Filed If more blanks are needed, address State Registrar,	18 LENGTH OF.RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At places In the ef death

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furn luborer, Laborer write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons of the second statement. mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stotionary freman, etc. But in many cases, cion, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia of lungs, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified.

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, telanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probobly SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart discose; Chronic interstilial ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... birth or miscarriage as cause. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Puenperal septichaemia," "Dropsy," "Exhaustion," ("Con-



UNFADING

WRITE

RECORD

PERMANENT

state Very PHYSICIANS should of OCCUPATION IS statement EXACTLY. be pino properly AGE supplied. pe may certificate. that 80 0 be back terms, should 0 plain instructions 2 DEATH See Jo Every item CAUSE OF Important. S

County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

-Ward)

Ilf death occurred in a huspital or institution. give its NAME justead

of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH 1913 MARRIED WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry. business, or establishment in which emplayed (ur employer) 9 B!RTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) uf death _____ yrs. ____ mos. State yrs, _____ mus. Where was diseasa contracted. 14 THE ABOVE IS TRUE TO if not at place of death? Furmer or usual residence a OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to known (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age-If retired from business, that fact may be indiof occupation—Precise statement of occupa-Women at home, who are engaged in the ious pursuits can be known. The question important, so that the relative healthful-As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skuli, and consequences (c. g., dent; Revolver wound of head-homieide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Collapse," "Coma," "Convulsions," "Deblity" ("Concause of death approved by Committee on Nomencia-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



V. S. No. 1.

N. B.

of information should be CAUSE OF

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT 4 UNFADING INK-THIS certificate. See Instructions on back of WITH PLAINLY, WRITE Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred is

FULL NAME Elizabet R	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terral Color or BAGE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	(Month) (Day (Year)
OMONTH (Month) (Day (Year) AGE (Month) (Day (Year)	that I last saw her slive on stated shove, st 100 m.
1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 22 COUNTY (State or country) 12 MAIDEN NAME OF STATHER (STATHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OT MOTHER OT MOTHER OT MOTHER OT MOTHER OT MOTHER	(Duration) . yrs. 6 mos. 0s. Contributory or or for the secondary (Ouration) yrs. mos. 6 ds. (Signed) , M. D. *State the Disease Causing Death; or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVALS TRUE TO THE BAST OF MY KNOWLEDGE (Informant) (Address) 15 Piled Syt (1915 A Byyora	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopncumonia (seeondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; For vio-



S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item o CAUSE OF I N. B.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

Ilf death occurred in a hospital or institution give Its NAME Instead of street and number 1

²FULL NAME (\$62	usou
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Timele White the word)	(Morth) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH SIPE 19/6	, 191, to, 191,
(Month) (Day (Year)	that I last saw h alive on, 191
7 AGE If LESS than	and that double occurred on the date stated above, at
yrs mos ds he min ?	
JOCCUPATION -	- 1 Jouralus
(a) Trado, profession, er particular kind of work	bith
(b) General nature of Industry,	1911
business, or establishment in which employed (or omployer)	ds.
9 BIRTHPLACE 21	Contributory
(State or country)	Secondary
10 NAME OF TO	(Dergilon) yrs mos ds.
FATHER Cashinolou Obe	(Signed) Champers, M. D.
VI 11 BIRTHPLACE 47/1	191 (Address) Ausburtled
Z OF FATHER (State or country)	
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
a allaw save	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) The Chan March	Former or
20.1.20	yeual residence
(Address Comous / VI	PRACE OF BURIAL OR REMOVAL
16 1 120 - 4 TAV	ocomons ME Cuel TO 1985
File Och 1906 To Tepaces	20 UNDERTAKER ADDRESS
NED CONTREGISTRAR	Wash obrusentingular
If more bruks are needed, address State Reg	gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 7.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary may be entered as Housewife, Housework, or At Thome, and children, not gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deafer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many applies to each and every person irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-As examples:

Statement of cause of death—Name, first, the disease causing death—in an accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, péritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetaius) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by rallway train—accident; Revolver wound of head—homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 "Collapse," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory Mcasles (disease causing death), 29 ds.; "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of (secondary or intercurrent) ds. Never report



V. S. No. 1.

Z

PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County... Registration Dist. No. Lif death accurred to Ward) EXACTLY. P a hospital or institution. give its NAME instead of street and number. ² FULL NAME RECORD classified MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, 191 OR DIVORCED (Year) properly certificate I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191...., to should pe (Year) that I last saw h alive on (Month) (Day) 7 AGE If LESS than of may and that death occurred on the date stated above, at m. ы 1 day, hrs. AGE Dack The CAUSE OF DEATH * was as follows: OR min. ? that 8 OCCUPATION supplied. 0 (a) Trade, profession, or ons particular kind of work (b) General nature of lodustry terms. Instructi business, or establishment in G (Buration) yrs. mos. carefully which employed (or employer) 9 BIRTHPLACE (State or country) Contributory See in Secondary (Buration) yrs. mos. ds. 10 NAME OF 0 ă L FATHER (Signad) pino ATH Important. 11 BIRTHPLACE (Address) PARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIOAL OF FATHER (State or country) u of information e CAUSE OF D 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER 69 of death (State or country) Every item of inshould state CAI Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY-KNOWLEDGE If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 20 UNDERTAKER ADDRESS m

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopmeumonia ("Pneumonia," nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of suicide. The nature of the injury, as fracture of skull head-homicide; Struck by railway train-accident; Revolver wound of The contributory (secondary or intercur-Poisoned by carbolic "Dropsy," "Exhaustion," State cause for which Never report mere acid-probably

	RECORD	PHYSICIANS should state
V. R. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
1		Z

15389 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No

2FULL NAME Run Rebe	St.;—Ward) a hespital or institution give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White only only one of the the finds due	(Month) (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	that I last saw h [2 alive on SEAT 20, 1915]
82 yrs 4 mos 27 ds. OR min.?	and that death occurred on the date stated above, at a m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Jempaga LEGI, tenflite
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory (Boretion) yrs mos ds. (Boretion) yrs mos Ods.
11 BIRTHPLACE OF FATHER (State or country)	(Signed) or aflow Colson , M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deethyrs,mos,ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Information) Survey Samuel Samuel Samuel	Where was disease contracted, If not at place of death?
Filed Lat 21, 1915 W. M. Well & DARREGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Robb. Novo Trendship
If more blanks are needed, address State Regist	rar & E Franklin St Daite Beaught - W C N.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as mere symptoms or terminai conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleaf operation was undertaken. cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichac-Ex-Of



V. S. No. 1.

PLACE OF DEATH 15390 County Calact	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Adelyna (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLDRORRACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIEY, That attended deceased from
Month) (Month) (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. 0R min.? 8 OCCUPATION (a) Trade, profession, or pridicular kind of work (b) General nature fol industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABDVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Calculation (Address)	that I last saw h alive for 191
Filed, 191	20 UNDERTAKER ADDRESS
REGISTRAR	16 W Saratora St. Ralta Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day luborer, Farm loborer, Laborer of the second statement. mobile foctory. mill; (a) Salesmon, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, letonus) may be stated heod-homicide; Poisoned by earbolic Struck by railwoy train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," "Heart failure," "Haemorrhage." "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "PUERPERAL perilonitis," etc. State cause for which ete., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Col-Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinomo, Sarcoma, etc., of..... Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Convulsions," "Debility" ("Con-Never report mere ocid-probably "Exhaustion,"

